

PLEASE DO NOT CALL OR WRITE THE COURT
ABOUT THIS NOTICE

IF YOU RECEIVED THIS FORM AND WANT TO JOIN THIS CLAIM,
YOU MUST COMPLETE THESE TWO STEPS:

1. COMPLETE AND SIGN THE ENCLOSED CONSENT TO JOIN FORM; AND
2. RETURN THIS FORM NO LATER THAN _____, 2023 [60 days from the mailing of this notice].

BY ELECTRONIC SIGNATURE:

Click the DocuSign link provided to you and complete where indicated

OR

YOU CAN SCAN AND EMAIL IT TO
admin@andersondodson.com

OR

TEXT A PICTURE OF IT TO
(720) 647-7193

OR

MAIL IT TO:

AndersonDodson, P.C.
Receiving Center PMB 255
196 Alps Rd Ste 2
Athens GA 30606

OR

FAX IT TO
(646) 998-8051

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

**SABINA KARGAR, SERGIO PEREZ DIAZ,
and SHAINA FOSTER,
in their individual capacities
and on behalf of others similarly situated,**

Plaintiffs,

v.

**UMITJON KAMOLOV,
FARIDA GABBASSOVA-RICCIARDELLI,
FV COM CORPORATION
d/b/a Farida, Farida Central Asian Cuisine, and
Umka Puff Pies, and
FARIDA ONLINE KITCHEN
a/k/a Farida Authentic Delicious Food 24/7,
jointly and severally,**

Defendants.

Case No. 1:22-cv-00664-JMF

CONSENT TO JOIN

By my signature below, I represent that I work or have worked for Fairda (specific entities listed above) at some time between January 25, 2016, and the present, in a non-management position.

I want to join the above-referenced action. I understand this claim is brought under the Fair Labor Standards Act of 1938 (“FLSA”), as amended, as well as the New York Labor Law (“NYLL”). I hereby consent, agree and opt-in to become a plaintiff as to all of the wage-related claims asserted in Plaintiffs’ complaints in this claim (as may be amended from time to time) and be bound to any judgment by the Court or any settlement of this action.

I hereby authorize the prosecution of the above-styled action in my name and on my behalf. I also hereby designate named Plaintiffs’ counsel to represent me for all purposes of this action unless I otherwise indicate on the record.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

Full Name

to _____
Dates of employment (best guess)

Please print clearly:

Email address

Mailing Address 1st Line

Telephone number (cell)

Mailing Address 2nd Line (Apt. No.)

Telephone number (other)

City/State/Zip

Title(s) or Position(s) at Farida

Optional:

Below please provide any additional contact information so that you may still be reached if you move or otherwise change your information. Also, if there is anything else you think we should be aware of, please feel free to write a note here.

RETURN TO:

AndersonDodson, P.C.
by email: admin@andersondodson.com
by text (720) 647-7193
by mail: Receiving Center PMB 255
196 Alps Rd Ste 2
Athens GA 30606
646.998.8051

Questions? Call 212.961.7639